

## *Taenia saginata* as a Cause of Bowel Obstruction

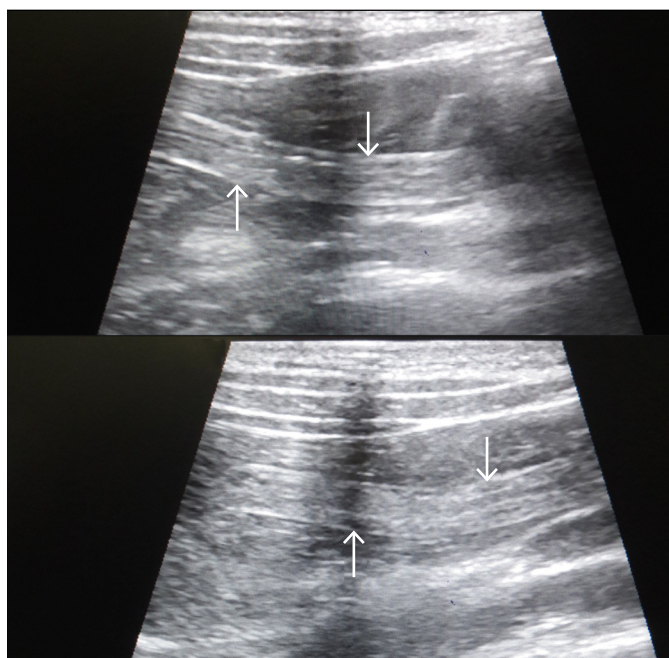
Arif Ahmad Wani, MD, Mohd Ilyas, MD, Irfan Robbani, MD, and Sayar Ahmad Taley, MD

Department of Radiodiagnosis, Sher-I-Kashmir Institute of Medical Sciences, Srinagar, Jammu and Kashmir, India

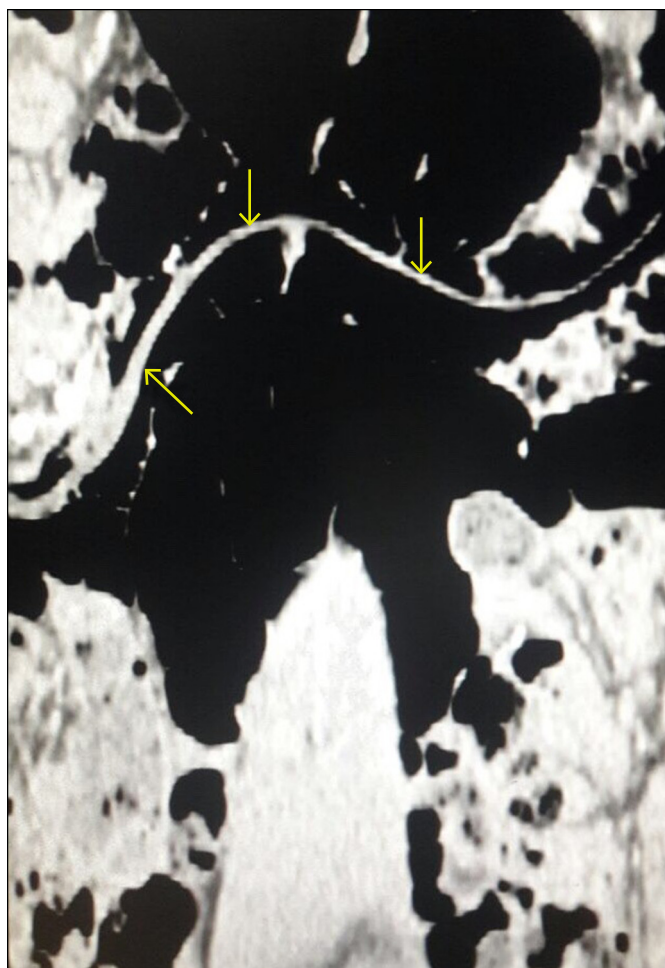
### CASE REPORT

A 17-year-old adolescent boy presented to the emergency department with the chief complaints of dull-aching abdominal pain and constipation for 5 days. He reported frequent consumption of beef, and he denied fever and palpitations. Blood pressure, heart rate, and respiratory rate were within normal limits. On clinical examination, his abdomen was non-tender and non-distended, with no evident palpable mass lesion. A complete blood work-up and chest radiograph were normal. Ultrasonography of the abdomen revealed dilated large bowel loops and an elongated, linear, hypoechoic tubular structure with well-defined echogenic walls in the transverse colon, which was actively moving (Figure 1). The preliminary diagnosis of bowel obstruction due to *Taenia saginata* (beef tapeworm) was made.

Contrast-enhanced computed tomography (CT) scan revealed a long, linear, hyperdense, non-enhancing structure



**Figure 1.** Sonographic images using 10-MHz linear transducer showing a linear hypoechoic structure in the transverse colon lumen with echogenic walls consistent with a worm (arrows).



**Figure 2.** Coronal reformatted computed tomography image showing the maximum length of the tapeworm (possible on reformation) in the transverse colon (arrows) with the features of bowel obstruction.

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**Correspondence:** Mohd Ilyas, Department of Radiodiagnosis, Sher-I-Kashmir Institute of Medical Sciences, Srinagar, Jammu and Kashmir, India 190011 (ilyasmir40@gmail.com).



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**Figure 3.** Post-expulsion image of the large tapeworm, which was ~80-90 cm long.

(~80-90 cm in length) in the lumen of the transverse colon with the features of bowel obstruction (Figure 2). There was no evidence of bowel necrosis or perforation. With the clinical, sonographic, and CT evidence, the patient was diagnosed with sub-acute bowel obstruction due to *T. saginata*. The patient was managed conservatively for the bowel obstruction with administration of 100 mg albendazole twice daily for 3 days. The obstruction relieved over a period of 5 days, and patient reported the passage of a large dead worm with his stools after 5 days of treatment (Figure 3).

*Taenia* infestation is usually a benign parasitic disease, but in rare cases it may lead to surgical emergencies like acute appendicitis, cholecystitis, and, in very rare cases, severe intestinal obstruction.<sup>1</sup> Such cases are managed conservatively, and surgical intervention is necessary only in complicated cases. The diagnosis can be made sonographically, on cross-sectional imaging, or intra-operatively. The primary method to prevent this infection is to maintain sanitation.<sup>2,3</sup>

## DISCLOSURES

Author contributions: A.A. Wani, M. Ilyas, and S.A. Taley wrote and edited the manuscript and provided the images. I. Robbani edited the manuscript. M. Ilyas is the article guarantor.

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Informed consent was obtained for this case report.

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